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PTO/SB/31 (09-04)

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)  020375-021300US
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail Label: EV 470766863 US in an envelope addressed to "Mail Stop Appeal Brief, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>April 20, 2005</u>.</p> <p><b>Signature</b> </p> <p>Typed or printed name <u>Nina L. McNeill</u></p>		<p>In re Application of Adam Coyle</p> <p>Application Number 09/713,603 Filed 11/15/2000</p> <p>For RELOADABLE DEBIT CARD SYSTEM AND METHOD</p> <p>Art Unit 3624 Examiner Patel, Jagdish</p>
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p>		
<p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))</p>		\$ _____
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p>		
<p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p>		
<p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>		
<p><input checked="" type="checkbox"/> The Director had already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p>		
<p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p>		
<p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>		
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>		
<p>I am the</p>		
<p><input type="checkbox"/> applicant/inventor.</p>		
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p>		
<p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>44,037</u> _____</p>		
<p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p>		
		 Signature <u>Patrick M. Boucher Reg. No. 44,037</u> Typed or printed name <u>(303) 571-4000</u> Telephone number <u>April 20, 2005</u> Date
<p><b>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</b></p>		

\*Total of one form is submitted.

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